

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

11/582617

FILING DATE

APPLICANT(S)

CLAIMS

| | AS FILED | | AFTER 1 st AMENDMENT | | AFTER 2 nd AMENDMENT | |
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| | IND. | DEP. | IND. | DEP. | IND. | DEP. |
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| 9 | | 6 | | 1 | | |
| 10 | | 6 | | 1 | | |
| 11 | | ① | | 1 | | |
| 12 | | ① | | 1 | | |
| 13 | | ① | | 1 | | |
| 14 | | ① | | 1 | | |
| 15 | 1 | | 1 | | | |
| 16 | | 6 | | 1 | | |
| 17 | | ① | | 1 | | |
| 18 | | ① | | 1 | | |
| 19 | | ① | | 1 | | |
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| TOTAL IND. | 3 | ↓ | 3 | ↓ | 0 | ↓ |
| TOTAL DEP. | 46 | ← | 20 | ← | 0 | ← |
| TOTAL CLAIMS | 49 | | 23 | | 0 | |

| | AS FILED | | AFTER 1 st AMENDMENT | | AFTER 2 nd AMENDMENT | |
|--------------|----------|------|------------------------------------|------|------------------------------------|------|
| | IND. | DEP. | IND. | DEP. | IND. | DEP. |
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| TOTAL IND. | 0 | ↓ | 0 | ↓ | 0 | ↓ |
| TOTAL DEP. | 0 | ← | 0 | ← | 0 | ← |
| TOTAL CLAIMS | 0 | | 0 | | 0 | |